

PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>154</u>
District of <u>Winkelman, Ariz.</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>554</u>
Town of <u>Winkelman, Ariz.</u>			Local Registrar No. <u>1</u>
City of <u>Cherita Bonillas</u>	No. _____ birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Cherita Bonillas</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>✓</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>1</u>		7. Date of birth <u>Oct 23 1924</u> Month Day Year	
8. FATHER Full name <u>Francisco Bonillas</u>		14. MOTHER Full maiden name <u>Josefa Cardilla</u>	
9. Residence (Usual place of abode) <u>Winkelman, Ariz.</u>		15. Residence (Usual place of abode) <u>Winkelman, Ariz.</u>	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Sonora, Mex.</u> (State or country)		18. Birthplace (city or place) <u>Therence, Arizona</u> (State or country)	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>O. M. Butler, M.D.</u> (Physician or midwife)	
Address <u>Winkelman, Ariz.</u>		Given name added from a supplemental report _____ Month, day, year.	
Registrar.		Filed <u>Dec 1</u> 19 <u>24</u> DEC 5 19 <u>24</u> County Registrar.	

522-1023-171